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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) UNTF:1003 | |
|--|---|---|---------------------|
| Application Number 10/628,787 | | Filed July 28, 2003 | |
| For Pericardial Anti-adhesion Patch | | | |
| Art Unit 1651 | | Examiner Isis A D Ghali | |
| This is a request under the provisions of 37 CF application. | R 1.136(a) to extend the p | period for filing a reply in t | he above identified |
| The requested extension and fee are as follows | s (check time period desire | ed and enter the appropria | ate fee below); |
| ☑ One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$ 120.00 | Small Entity Fee \$ 60.00 | \$ <u>60.00</u> |
| Two months (37 CFR 1.17(a)(2)) | \$ 430.00 | \$ 215.00 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$ 980.00 | \$ 490.00 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$ 1,530.00 | \$ 765.00 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$ 2,080.00 | \$ 1,040.00 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this app | | | |
| to Deposit Account Number | . I have enclo | sed a duplicate copy of th | nis sheet. |
| attorney or agent of record attorney or agent under 37 | FR 3.73(b) is enclosed. (i d. Registration Number <u>3</u> | Form PTO/SB/96). 8,453 November 22, 200 Date | 5 |
| Typed or printed name | | (214) 866-0001 Telephone Number | |
| NOTE: Signatures of all the invertors or assignees of record than one signature is required, see below. Total of | | • | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or rotatin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and aubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.